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PTO/SB/30 (10/2001)

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**REQUEST  
FOR  
CONTINUED EXAMINATION (RCE)  
TRANSMITTAL**

Address to:  
Commissioner for Patents  
Box RCE  
Washington, DC 20231

Application Number	09/335,218
Filing Date	June 17, 1999
First Named Inventor	D.J. Wright et al.
Art Unit	1655
Examiner Name	B. Forman
Attorney Docket Number	P-4423

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This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

1. **Submission required under 37 CFR §1.114**

a. ☐ Previously submitted

i. ☐ Consider the amendment(s)/reply under 37 CFR §1.116 previously filed on \_\_\_\_\_  
(Any unentered amendment(s) referred to above will be entered).

ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on \_\_\_\_\_

iii. ☐ Other \_\_\_\_\_

b. ☒ Enclosed

i. ☒ Amendment/Reply

iii. ☐ Information Disclosure Statement (IDS)

ii. ☐ Affidavit(s)/Declaration(s)

iv. ☐ Other \_\_\_\_\_

2. **Miscellaneous**

a. ☐ Suspension of action on the above-identified application is requested under 37 CFR §1.103(c) for a period of \_\_\_\_\_ months (Period of suspension shall not exceed 3 months; Fee under 37 CFR §1.17(i) required)

b. ☐ Other \_\_\_\_\_

3. **Fees** The RCE fee under 37 CFR §1.17(e) is required by 37 CFR §1.114 when the RCE is filed.

a. ☒ The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 02-1666

i. ☒ RCE fee required under 37 CFR §1.17(e)

ii. ☒ Extension of time fee (37 CFR §§1.136 and 1.17)

iii. ☐ Other \_\_\_\_\_

b. ☐ Check in the amount of \$ \_\_\_\_\_ enclosed

c. ☐ Payment by credit card (Form PTO-2038 enclosed)

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED**

Name (Print / Type)

Allan M. Kiang

Registration No. (Attorney / Agent)

42,725

Signature

Date

January 29, 2003

**CERTIFICATE OF MAILING OR TRANSMISSION**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner For Patents, Box RCE, Washington, DC 20231, or facsimile transmitted to the U.S. Patent and Trademark

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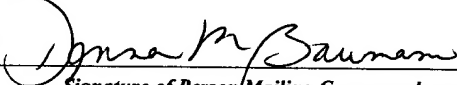
Donna M. Baumann

Signature

Date

January 29, 2003

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<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>				Docket No. <b>P-4423</b>	
Applicant(s): <b>D.J. Wright et al.</b>					
Serial No. <b>09/334,218</b>	Filing Date <b>June 17, 1999</b>	Examiner <b>B. Forman</b>		Group Art Unit <b>1655</b>	
Invention: <b>METHOD AND OLIGONUCLEOTIDES FOR DETECTING NUCLEIC ACID SEQUENCE VARIATIONS</b>					
<u>TO THE ASSISTANT COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	32 -	32 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	2 -	3 =	0 x	\$84.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. <b>02-1666</b> A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 _____ Signature			Dated: <b>January 29, 2003</b>		
<b>Allan M. Kiang</b> <b>Attorney for Applicants</b> <b>Reg. No. 42,725</b> <b>Becton, Dickinson and Company</b> <b>1 Becton Drive</b> <b>Franklin Lakes, New Jersey 07417</b>  <b>201-847-7111</b>			I certify that this document and fee is being deposited on <b>1-29-03</b> with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.   _____ Signature of Person Mailing Correspondence  <b>Donna M. Baumann</b> Typed or Printed Name of Person Mailing Correspondence		
CC:					